# OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

## ORIGINAL

| (File this application via e-docket, or if unable to with the Chief Clerk.)   | Docket No   |
|---|---|
|   | ICC Office Use Only   |
| Please provide the appropriate information in th  | e ( ) areas in the heading below.                             |
| LightWave Communications, LLC :   |   |
| Application for a certificate of : local authority to operate as a : facilities-based carrier of telecommunications : services in Chicago : in the State of Illinois.   | 00-0748   |
| in the State of Immois.   |   |
| APPLICATION FOR CE<br>TELECOMMUNI<br>(Use additional  | ERTIFICATE TO BECOME A ICATIONS CARRIER sheets as necessary.) |
| APPLICATION FOR CE TELECOMMUNI (Use additional  | ICATIONS CARRIER sheets as necessary.)                        |
| APPLICATION FOR CE TELECOMMUNI (Use additional  GENERAL  1. Applicant's Name(including d/b/a, if any)  LightWave Communications, L.L.C.                                 | Sheets as necessary.)  FEIN # 52-2230327                      |
| APPLICATION FOR CE TELECOMMUNI (Use additional  GENERAL  1. Applicant's Name(including d/b/a, if any)  LightWave Communications, L.L.C.  Address: Street 14504 Greenvie | ICATIONS CARRIER sheets as necessary.)                        |

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

X Part 735 Procedures Governing the Establishment of Credit, Billing,
Deposits, Termination of Service and Issuance of Telephone
Directories for Local Exchange Telecommunications Carriers in
the State of Illinois

| _X_ | $_{ m Section}$ | 735.180 Directories |  |  |
|-----|-----------------|---------------------|--|--|
|     | Other           |                     |  |  |

- 4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
  - (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
- 5. In what area of the state does the Applicant propose to provide service?

#### Applicant initially proposes to provide service in the Chicago metropolitan area.

- 6. Please attach a sheet designating contact persons to work with Staff on the following:
  - a) issues related to processing this application

Jack E. Rudolph Vice President - Business Development Suite 302 14504 Greenview Drive **Laurel. MD 20708** Tel:(301)953-9300 Toll free: 888-953-9300

Fax: (301) 953-2454

Email: jrudolph@lightwavecomm.net

b) consumer issues

> JoAnn Perry **Director - Customer Services** Suite 302 14504 Greenview Drive Laurel, MD 20708 Tel:(301) 953-9300 Toll free: 888-953-9300

Fax: (301) 953-2454

Email: jperry@lightwavecomm.net

customer complaint resolution c)

> JoAnn Perry **Director - Customer Services** Suite 302 14504 Greenview Drive Laurel, MD 20708 Tel: (301) 953-9300

DC01/PAROA/127268.2

Toll free: 888-953-9300 Fax: (301) 953-2454

E-mail: jperry@lightwavecomm.net

d) technical and service quality issues

JoAnn Perry

**Director - Customer Services** 

Suite 302

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Laurel, MD 20708

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e) "tariff" and pricing issues

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f) 9-1-1 issues

Not Applicable. The Applicant will not offer voice services.

g) security/law enforcement

JoAnn Perry

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Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

| 7. | Please check type of organization? |                  |                 |              |  |
|----|------------------------------------|------------------|-----------------|--------------|--|
|    | Individual                         | Corporati        | on              |              |  |
|    | Partnership                        | Date corporation | n was formed    | May 18, 1999 |  |
|    |                                    | In what state? _ | <u>Delaware</u> |              |  |
| X  | Other (Specify) Limited Liabili    | ty Company       |                 |              |  |

| 8.        | Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. See <i>Exhibits A and B</i> .  |
|-----------|--|
| 9.        | List jurisdictions in which Applicant is offering service(s).  |
|           | Applicant currently is authorized to provide service in New York and Massachusetts,  |
|           | and currently provides interexchange service on an interstate basis.   |
| 10.       | Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?  |
|           | YES (Please provide details)NO   |
| 11.       | Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?   |
|           | YESX NO  |
| If Y      | YES, describe fully.   |
|           |  |
| 12.       | Has Applicant provided service under any other name?   |
| Perforded | YES X NO   |
| If Y      | YES, please list.  |
|           |  |
|           | Will the Applicant keep its books and records in Illinois? YES _X NO NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.   |
|           | suant to ILL. ADMIN. CODE TIT. 83, § 250.20, the Applicant requests a waiver from the Commission of the  |
| boo       | uirements contained in to ILL. ADMIN. CODE TIT. 83, § 250.10, and requests the authority to maintain its oks, accounts, papers, records, memoranda etc. at its company headquarters in Laurel, Maryland, where               |
| ma        | of the personnel responsible for the maintenance of such documentation are located. Establishing and intaining a location in the State of Illinois solely to keep its books and accounts in Illinois would create a          |
| be :      | nificant additional cost to the Company's operations and would be unduly burdensome. LightWave will represented by a statutory agent located within the State of Illinois and will provide the Board with access             |
|           | ts books and records upon request.   |
| Μź        |  |
| 14.       | Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See Exhibit C. |
| 15.       | List officers of Applicant.  |
|           | Mark J. Ricigliano President & Chief Executive Officer   |
|           |  |

|      | Edward M. Quattrone  | Executive Vice President  |          |
|------|--|---|----------|
|      | Jeffrey Ring   | Secretary/Treasurer   |          |
| 16.  |  | ownership or other interest in any other entity which have<br>ecommunications services? YESX_ NO  | as       |
| If Y | ES, list entity.   | **************************************  |          |
| 17.  | How will Applicant bill for its service<br>bill for service and details of the billing   | (s)? (At a minimum, describe how often the Applicant wing statement.)   | ill      |
|      | monthly basis. Monthly billing st  | bills and send them directly to its customers on a atements will consist of service usage volumes, aiton for billing and service questions, and dollar ave Communications.  |          |
| 18.  | describe Applicant's internal process  | e service, billing, and repair complaints? (At a minimum<br>for complaint resolution, the complaint escalation proces<br>he customer is notified by Applicant that they may seek  | ss,      |
|      | with service, maintenance and biservice representatives are prepared including inquiries regarding: (1) rates associated with such service concerns pertaining to a custome telecommunications matters. For contact LightWave's Customer Services week, by calling toll-free 1-888-95 LightWave's Customer Services of p.m., Monday through Friday, by customers may communicate bill services representatives in writing 24 hours and attempt to resolve a for service related matters and conservices are presented in the service of the service related matters and conservices. | resentatives are available to assist its customers lling issues. Specifically, LightWave's customer red to respond to a broad range of service matters the types of services offered by LightWave and thes; (2) monthly billing statements; (3) problems or r's current service; and (4) general eservice and maintenance issues, customers may revices twenty-four (24) hours a day, seven (7) days 3-9300. For billing issues, customers may contact epartment between the hours of 7:00 a.m. and 7:00 calling toll-free at 1-888-953-9300. Alternatively, and questions or concerns to LightWave customer ag. LightWave will respond to any complaints with any complaint within 48 hours. Escalation procedumplaints are included with every bill for services the customer may seek commission assistance. | e<br>s a |
| 19.  | Will personnel be available at Applic respond to inquiries about service or  | ant's business office during regular working hours to billing? X YES NO   |          |
| 20.  | What telephone number(s) would a c   | ustomer use to contact your company?  |          |
|      | (888) 953-9300   |   |          |
| 21.  |  | nd State slamming and cramming laws pursuant to Secti<br>Section 258 of the 1996 Telecommunications Act?  | on       |
|      | $\underline{\mathbf{X}}$ YES, if LightWave begins to of  | er service to end-users NO  |          |
| 22.  | Not Applicable. LightWave will   | s to prevent slamming and cramming of customers?  not be offering voice services to end-users at this  voice services to end-users in the future, it will   |          |

## $\frac{comply\ with\ Section\ 13\text{-}902\ of\ the\ Public\ Utilities\ Act\ and\ Section\ 258\ of\ the\ 1996}{Telecommunications\ Act.}$

| 23.              | If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?   |
|------------------|--|
|                  | YESXNO (If no, please provide an explanation.) Applicant will abide by all rules and regulations relevant to its operations. Because Applicant does not intend to provide voice or dial tone service, many of the Code Parts cited above do not apply to Applicant, for example, those Parts relevant to 911 service. However, Applicant will abide by the Code Parts applicable to all service providers. In addition, if Applicant provides voice or dial tone service in the future, it will abide by all of the Code Parts listed above. |
| 24.              | Is Applicant aware that it must file tariffs prior to providing service in Illinois?   |
|                  | XYESNO   |
| FII              | ianciale de la companya de la compa   |
| 25.              | Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.   |
|                  | Please see $Exhibit\ D$ . Due to the confidential and proprietary nature of Applicant's financial information, $Exhibit\ D$ has been filed under seal.   |
| TE               | CHNICAL  |
| 26.              | Does Applicant utilize its own equipment and/or facilities? X_YESNO  |
| If Y             | ES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:  |
| fib<br>Ne<br>tra | chtWave's network has two essential components: "dark" fiber (Lucent TrueWave™ er optic cable) which was acquired under a long term lease from Metromedia Fiber twork ("MFN"), and its own electronic equipment required to activate the fiber for insmission. Specifically, LightWave will install Cisco 15454 optical SONET equipment its points-of-presence ("POPs").   |
|                  | IO, which facility provider(s)'s services does the Applicant intend to use?  See Above   |

long distance service, data services, local service, prepaid local service).

LightWave is a carrier's carrier that provides data-centric broadband communications service via its fiber optic network. Using this network, LightWave will provide broadband services to other communications carriers, such as other competitive local exchange carriers ("CLECs") and competitive access providers ("CAPs"), internet

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards,

broadband services to other communications carriers, such as other competitive local exchange carriers ("CLECs") and competitive access providers ("CAPs"), internet service providers ("ISPs"), interexchange carriers ("IXCs"), and incumbent local exchange carriers ("ILECs"), in major metropolitan areas nationwide. At this time, LightWave does not intend to provide dial tone or voice service to end users.

| 28. | Will tech | nical personne | l be available at all times to assist customers with service problems? |
|-----|-----------|----------------|--|
|     | <u>X</u>  | _YES           | NO   |

| 29. | If Applicant intends to provide payphone service, will the equipment utilized comply with FCC        |
|-----|--|
|     | requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June           |
|     | 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator     |
|     | dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability |
|     | to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message |
|     | explaining the telephone's general operations, dialing instructions for emergency assistance,        |
|     | payphone owner's name, method of reporting service problems and method of receiving credit for       |
|     | faulty calls? ( N/A) YESNO   |
|     |  |

(Signature of Applicant)

DC01/PAROA/127268.1

### VERIFICATION

This application shall be verified under oath.

| OATH  |
|---|
| State of MRZYLAND )ss County of BALTIMOLE )   |
| Mark J. Ricigliano makes oath and says that he is the President and Chief Executive Officer of LightWave Communications, LLC;   |
| that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein. |
| Glynature of affiant)   |
| Subscribed and sworn to before me, a Notary Public/   |
| in the State and County above named, this 30 day of 6702 cm., 2000.   |
| (Signature of person authorized to administer oath)   |
| My Commission Expires 08/01/03  |